

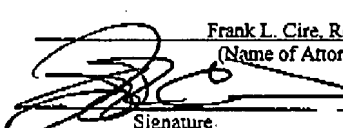
JUL 27 2007

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FACSIMILE COVER SHEET**TO:** Examiner Anh Vo
Group Art Unit 2861**FROM:** Frank L. Cire**RE:** U.S. Application No. 10/566,172
Atty. Docket No.: 01272.520226**FAX NO.:** (571) 273-8300**DATE:** July 27, 2007**NO. OF PAGES:** 14
(including cover page)**TIME:** 2:25**SENT BY:** *Scinto***MESSAGE**

2007. Attached is an Amendment in response to the Office Action dated April 27,

I hereby certify that this correspondence is being facsimile transmitted to
the U.S. Patent and Trademark Office on:July 27, 2007
(Date of Deposit)Frank L. Cire, Reg. No. 42,419
(Name of Attorney for Applicant)
Signature. July 27, 2007
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JUL 27 2007

In re Application of:

Docket No. 01272.520226

TORU SUZUKI, et al.

U.S. Application No.: 10/566,172

Examiner: A. Vo

§ 371(c) Date: January 27, 2006

Group Art Unit: 2861

Int'l Appln. No.: PCT/JP2005/007576

Int'l Filing Date: April 14, 2005

For: INK CARTRIDGE

Date: July 27, 2007

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

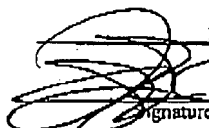
CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 17	MINUS	** 20	= 0	x \$25 \$50	- 0 -
INDEP. CLAIMS	* 1	MINUS	*** 3	= 0	x \$100 \$200	- 0 -
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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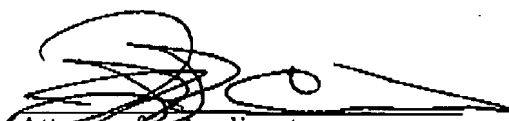
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(Date of Deposit)Frank L. Circ, Reg. No. 42,419
(Name of Attorney for Applicant)

 July 27, 2007
Date of Signature

JUL 27 2007

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- ☐ A check in the amount of \$ _____ is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Frank L. Cire
Registration No.: 42,419

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01272.520226

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Anh Vo
TORU SUZUKI, et al.)
: Group Art Unit: 2861
U.S. Application No.: 10/566,172)
: § 371(c) Date: January 27, 2006)
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For: INK CARTRIDGE)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated April 27, 2007, please amend the
above-identified application, as follows:

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July 27, 2007

(Date of Deposit)

Frank L. Cire, Reg. No. 42,419

(Name of Attorney for Applicant)

July 27, 2007

Signature

Date of Signature